

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
REGULATORY SERVICES BRANCH**

Re: William Lane
License No.: 005325

Petition No. 2004-1202-033-007


VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

William Lane, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I was licensed by the Department of Public Health (hereinafter "the Department") to practice as a subsurface sewage disposal system installer. The license number I held was 005325.
4. While admitting no wrongdoing, I hereby voluntarily agree not to renew or reinstate my license to practice as a subsurface sewage disposal system installer in the State of Connecticut.
5. I will not seek a new license or seek to reinstate my license at any time in the future.
6. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2004-1202-033-007 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion, as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
7. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
8. I understand and agree that this affidavit and the case file in Petition Number 2004-1202-033-007 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
9. I understand that this agreement not to renew or reinstate my license is a reportable event and is public information.
10. I understand that, upon execution of this document by the Department, the Department will present this document to the Commissioner of the Department and/or his designee and will move to withdraw the Statement of Charges in Petition No. 2004-1202-033-007. I

understand that this document is not effective unless and until the Department has executed it, and the Commissioner and/or his designee either grants the Department's Motion to Withdraw or the charges are dismissed.

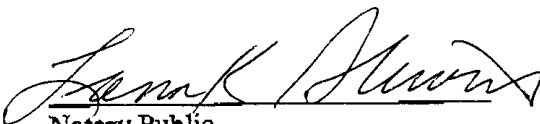
11. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
12. I understand that I have the right to consult with an attorney prior to signing this affidavit.
13. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.


William Lane


Subscribed and sworn to before me this 21st day of Sept. 2005.



LANA K. STEWART
MY COMMISSION # DD 247605
EXPIRES: October 31, 2007
Bonded Thru Budget Notary Services


Notary Public
Commissioner of Superior Court

Accepted:


Suzanne Blancafter, Section Chief
Environmental Health Section
Regulatory Services Branch

9/21/05
Date

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